

# APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
OFFICE OF ADMINISTRATIVE SERVICES  
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

<b>DHR</b> Application Date February 26, 1981 Application Number DHR 81-4	<b>1. GEORGIA DEPARTMENT OF HUMAN RESOURCES</b> <b>State Health Planning &amp; Development</b> Agency 43A Executive Park East, N.E. Atlanta, Georgia 30329	<b>ARCHIVES AND HISTORY</b> Application Number <div style="font-size: 2em; font-weight: bold;">81-149</div> Date Received MAR 2 1981 Date Completed MAR 11 1981
<b>2. Person to Contact</b> <div style="display: flex; justify-content: space-between;"> <span>Mr. Charles C. Haines</span> <span>Deputy Director</span> <span>894-2660</span> </div>		
<b>3. Action Requested</b> a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void		
<b>4. Dates of Series</b> Earliest 11/13/73 Latest to present	<b>5. Records Series Title</b> (followed by title used in office, if different) (SHPDA) Regulatory Project Files	
<b>6. Division and Office Function</b> What is the function of the Division and the Office in which this record series is created? <p>The State Health Planning and Development Agency has the responsibility for providing planning and technical assistance to managers and planners for meeting the expectations of the Federally-funded comprehensive health planning programs. This is accomplished by: preparing the State Health Plan for determining the health service requirements of Georgia residents; identifying the available resources for health services; developing plans for carrying out activities to provide health service needs; approving or rejecting Certificate of Need applications; reviewing and commenting on applications in accordance with Section 1122 of the Social Security Act; providing staff assistance to the Statewide Health Coordinating Council; approving architectural plans and monitoring construction of health facilities; monitoring uncompensated care provided for poor patients; and implementing Appropriateness Review for assurance that institutional health services are meeting the needs of citizens when measured by established standards.</p>		
<b>7. Records Series Description</b> This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: approving/denying applications for establishing/constructing/renovating health facilities after investigating the need for such facilities. Included are: form [State of Georgia - Application for Proposed Capital Expenditure and Application for Certificate of Need] (all Health Care Proposals Section 1122, Social Security Act) shows SPONSORSHIP: legal name and complete address and phone of applicant; facility; owner(s); lessee, or other type of management; and names and addresses of all persons who own 10 percent or more interest in the operating authority (hospitals, nursing homes, ambulatory surgical facilities, kidney dialysis centers, health maintenance organizations, and home health agencies). Type of Ownership (Public or Private, tax exempt - corporate, partnership, individual) -- and, if applicable, Type of Operating entity; Description of existing or proposed organization and the staff relations within the organization; Names, and complete addresses and phones of: Individual designated to act on behalf of owner and Architect, duly registered in the State of Georgia, who has been engaged to develop this project; Plan and Specification instructions are given as to responsibility of the Architect; description of facility proposed; description of the overall need for the project, with relevant utilization of the existing facility and/or services; primary geographical area to be served; basic data relative to current and projected population trends pertaining to the primary area to be served; health care facilities or services existing, or under construction, and how the community will be further enhanced by the proposed project; for an existing or expanded facility, information as to current patient census and service (Medical surgery, obstetric, pediatric, psychiatric, long-term care) rendered for most recent 6-month period; evidence The file is arranged : alphabetically by county; thereunder, alphabetically by name of facility.		
<b>8. Monthly Reference Rate</b> How often are records referred to which are: One to six months old _____ ; Seven to twelve months old _____ ; Thirteen to twenty-four months old _____ ; twenty-five months and older _____ ? referred to daily during project construction.		
<b>9. Annual Rate of Accumulation or Records</b> Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____		

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
X		d. Does this series have historical or long term research value? legal value - for any questions which may arise
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |              |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years. |
| b. Statute of limitation | _____ years. | * e. Administrative need          | permanently  |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

\* however, consideration will be given to reducing the retention period at some future time

#### 12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other \_\_\_\_\_ then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Cut off file as follows:

Upon completion, place all papers for a particular project in the completed projects file.

#### Completed Projects File

Cut off file at end of each calendar year; then transfer to State Archives.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
Charles C. Tinner	2/25/81	Elizabeth W. Crank	2/18/81
		Elizabeth W. Crank, CRM	
		State Records Committee (Signature)	Date
State Auditor/Designee			3-11-81
Secretary of State/Designee			3-10-81
Attorney General/Designee			3-11-81

Recommendations in paragraph 12 are approved.  
(If disapproved, attach letter of explanation.)